

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617)973-0971
www.mass.gov/dph/boards

**INSTRUCTIONS FOR DENTISTS' LICENSURE
BY CREDENTIALS**

You may qualify for licensure by credentials if you have been in practice for 5 years or more in another state and have taken a regional board other than the NERB.

- ☐ **Proof of Graduation** - Original transcript with school seal or original letter from Dean's office indicating date of issuance of diploma must be included with application. **PHOTOCOPY NOT ACCEPTED.**
- ☐ **National Board Certification Part I & Part II** - Submit either a photocopy of certificate or original National Board Card issued by ADA.
- ☐ **Proof of Regional or State Board Examination** - Proof of other regional or state examinations must be attached to the application. To qualify for licensure by Credentials the applicant must have been licensed and practicing in another state for at least 5 years. Dentists who have been licensed in Canada for at least 5 years may also apply by Credentials. NERB exam scores are sent to the Board monthly, therefore a copy of the NERB certificate is not necessary.
- ☐ **Physician's Statement** - Examination must have been completed within six months of application.
- ☐ **Photograph** - Attach a passport size photo to first page of application where indicated.
- ☐ **Application and License Fee** - \$440.00 (\$200 application fee + \$240 license fee) must accompany application. Check or money order must be made payable to the Commonwealth of Massachusetts. Cash is not accepted. All fees are non-refundable.
- ☐ **Ethics and Jurisprudence Exam** – The ethics and jurisprudence exam is an open book test designed to ensure knowledge of the Laws and Regulations of the state. The exam itself can be obtained by calling our office at (617) 973-0971 and one will be sent free of charge.

The exam is based on (1) Massachusetts' general laws pertaining to Dentists and Dental Hygienists and (2) Board of Registration in Dentistry Regulations 234 CMR of the Commonwealth of Massachusetts. Both documents are necessary to take the exam and are available from the State House Bookstore (Room 116), Boston, MA 02133. For the documents, fees, and/or mailing instructions contact the bookstore at (617) 727-2834. The Dental Laws and Regulations may also be obtained from our website www.mass.gov/dph/boards then follow directions to Board site and links.
- ☐ **Proof of Continuing Education Credits** – Copies certifying completion of 40 CEUs required for the two year period prior to the renewal cycle must be attached to this application.
- ☐ **Recommendations of Good Moral Character** - Attach letters from 2 dentists familiar with the character and quality of work of the applicant. Letters from immediate family members or close relatives of the applicant do not qualify.

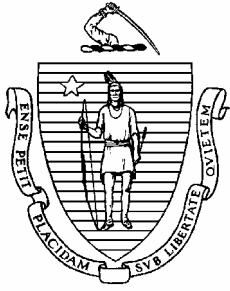
- ☐ **Letters of Standing** - Verification of Licensure must be included in the application from each state(s) or jurisdiction(s) in which you hold or held a license. Verification of licensure must include the current status of the license, license number and any disciplinary action taken or is pending and include the official seal of the state Board.
- ☐ **Practice History** - If you have been in dental practice in another jurisdiction or state, include a resume or practice history, including employer's contact information and dates of employment.
- ☐ **Data Bank Self Query** - To obtain a self-query please contact the National Practitioner Data Bank at 1-800-767-6732 or contact their website at www.npdb-hipdb.com. Only an original report form from NPDB will be accepted for application. (If applicable).

To expedite the licensing process please send a complete application and all required documents to the Board:

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Incomplete applications will delay licensure processing.

**PLEASE BE SURE TO RETAIN A COPY OF ALL APPLICATION
SUBMISSIONS FOR YOUR RECORDS**



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GENERAL INFORMATION

HOW TO OBTAIN PRESCRIPTION WRITING PRIVILEGES

A Massachusetts Controlled Substance Registration is required before a Federal (DEA) Controlled Substance Registration can be issued.

Application for Massachusetts Controlled Substance Registration may be obtained from:

Department of Public Health
Division of Food and Drugs
305 South Street, 2nd floor
Jamaica Plain, MA 02130
PHONE: (617) 983-6700
FAX: (617) 524-8062
Email: dcp.dph@state.ma.us

Application for Federal (DEA) Controlled Substance Registration may be obtained from:

U.S. Dept. of Justice
Drug Enforcement Agency
50 Staniford Street, Suite 200
Boston, MA 02114
(617) 557-2100

RADIATION CONTROL

105 CMR 120.000 requires that each person that intends to acquire a source of ionizing radiation, such as a machine, shall apply to the Department of Public Health, Radiation Control Program to register as a facility. Application may be obtained from Radiation Control Program, P.O. Box 309, Essex Station, Boston, MA 02112 (617) 727-6214.

REPORTING SUSPECTED CHILD ABUSE

MGL Ch. 119 s. 51A requires dentists to immediately make a report to the Department of Social Services when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering serious physical or emotional injury as a result of abuse or neglect by a caretaker including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth. CHILD AT RISK HOTLINE NUMBER 1-800-792-5200.

CORPORATIONS

To form a corporation you must first obtain a form called the Certificate by Regulatory Board from the Secretary of States' Office (617)727-2828. Once this form has been filled out you should mail it or bring it to the Board. We will date stamp it, sign it, and make a copy for our records then give you back the original. Be sure to have a check or money order with the Certificate made payable to the Commonwealth of Massachusetts for \$10.00 per dentist.

CHANGE OF ADDRESS

When you move it is essential you notify the Board in writing of your new address, especially if you are a student who wants the official state wall certificate or a practitioner who wants to renew his or her license.

RECORDS REQUEST

Massachusetts General Laws Chapter 112, section 12 CC and Board Regulation 234 CMR 2.04 (17) requires dental practitioners to provide, in a timely fashion, a copy (not the originals) of patient records including radiographs of diagnostic quality. Although a reasonable fee for duplication may be charged, you may not require prior payment of any outstanding balance as a condition for making records available. You may not require a patient to sign any form indicating your release from any professional responsibility. A patient or patient's legal representative may request his or her records. You may ask the patient to put his or her request in writing.

RECORDS OF TREATMENT

The Board has noticed in its review of patient complaints that many patient records are lacking basic information, such as general periodontal condition, updated periodontal charting, type and quantity of local anesthesia, type and timed duration of general anesthesia, and referrals to other practitioners. You are urged to protect your patients and yourself by keeping informative, accurate records including the aforementioned. If the patient refuses to accept any of your recommendations or does not follow through with your advice, this fact should be documented. The Board considers patient records as vital information in determining what transpired during treatment.

NOTICE

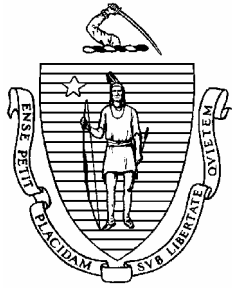
The Board has recently noticed dentists and dental hygienists working under expired or fraudulent licenses. All supervising dentists are responsible for being certain all employees and associates hold a current valid license. Proof of such must be posted in plain view of patients per Chapter 13, General Laws Section 45.

INFECTION CONTROL

On September 22, 1993 the Board voted to adopt the Center for Disease Control's Infection Control Procedures as published in 1993 and including future amendments as the minimum standards for Massachusetts dental practice. Each office is obligated to follow these procedures. The C.D.C. Guidelines may be obtained from: Center for Disease Control, Division of Oral Health, 1600 Clifton Road, Millstop F10, Atlanta, GA 30333, (404) 639-8376.

CONTINUING EDUCATION

The Board reminds all licensees of the importance of completing the mandatory continuing education requirements. New developments in technology and the demands of serving the public health require continuous updating through education. Dental Regulations 234 CMR 5.00 require that licensed dentists complete forty (40) hours per two year renewal cycle. No carryover of credits is allowed from cycle to cycle. Courses are acceptable for credit when they are related to direct patient care. Courses such as practice management or financial management are not acceptable. It is the responsibility of each licensee to maintain an authenticated record of continuing education activity and to submit evidence of completion to the Board when requested. These records, as noted in 234 CMR 5.04 (4) (b), must be retained for a period of three (3) years or until the license of the dentists has been renewed. Licensees can expect to have their two (2) years education audited randomly, upon site inspection or when appearing before the Board. If you do not meet CEU requirements, you MUST notify the Board in writing prior to signing the renewal form. Disciplinary action may result for failure to fulfill CEU requirements.



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BOARD USE ONLY

Issue Date: _____
License #: _____
Fee : _____
Juris Prudice: Pass _____ Fail _____
Score: _____
Exec. Dir. _____

Please attach recent
passport size
Photograph here.

2 X 2

Signature required

Dental – Licensure by Credential
Application

Applicant Name: _____
(Last) (First) (Middle)

Maiden Name/Other Name: _____

Address of Record: _____
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Most Recent Previous Address: _____

Business Address: _____
(No.) (Street) (Apt #) (State or Country) (Zip/Postal Code)

Date of Birth: _____ Place of Birth: _____ Mother's Maiden Name: _____

Sex: Female ☐ Male ☐ Height _____ (Ft.) _____ (In) Weight: _____ Eye Color: _____

Telephone Number: Day: _____ Cell: _____

SOCIAL SECURITY NUMBER (MANDATORY) _____ - _____ - _____

Pursuant to M.G.L. c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

Graduate of: _____
Name of institution Location

Date Diploma or Certificate Conferred on Year _____ Degree: _____

(Original Transcript or Original Letter from Dean's office must be attached)

Regional or State Board Examination (a copy of certificate or scores must be attached to this application):

Name _____ Date of Exam _____ Score: _____

List registrations in all other states or jurisdiction with issue date and current status:

<u>State</u>	<u>License Number</u>	<u>Issue Date</u>	<u>Current Status</u>

A certificate of standing from each state and jurisdiction in which you were licensed, indicating the status of your license and disciplinary information, must be submitted to the Board with this application.

Are you the subject of any pending disciplinary actions or complaints by a licensing board in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet .

Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet .

Have you ever applied for and been denied a professional license in another state or jurisdiction? Yes ☐ No ☐ If yes, please state the details on a separate sheet.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes ☐ No ☐ If yes, please state the details on a separate sheet.

I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to G.L. c. 119, s. 51A, I understand my obligation to report the abuse and neglect of children.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data (Agency Code: MABRNG). As an applicant for authorization to practice as a Dentist, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

Signature of applicant

Date

WALL CERTIFICATE:

Please print name as you wish it to appear on wall certificate and address to which certificate should be mailed to:

First Middle Last

Street Address

City, State, Zip Code